Representative Thomas M. Davis, III Flag Order Form

Name	Of Flag Req	uestor:				
	Address:					
City, State, Zip:						
Home Phone:						
Work Phone:						
Flag T	To Be Flown 1	For:				
Address:						
City, State, Zip:						
Date I	Flag Is To Be	Flown:				
Occas	ion (If Any):					
Flag Should Be Mailed To:			Request	orRecipien	t	
<u>Size</u>	<u>Material</u>	Quantity	Shipping	Flying/Certifi	<u>cation</u>	<u>Total</u>
3'X5' 3'X5'	Nylon Cotton	@\$9.00 \$9.25	@\$3.85	@\$4.05		
	Nylon	@\$9.25 @\$13.50	@\$3.85 @\$3.85	@\$4.05 @\$4.05		
5'X8'	Nylon	@\$13.30 @\$18.00	<u></u> @\$3.85 @\$3.85			
	Cotton	<u></u>	<u>@</u> \$4.75	<u></u> @\$1.05 @\$4.05		
-					Total\$	

Check or money orders should be made payable to: "<u>Tom Davis Stationery Account"</u>. Do not send cash and please send exact amount. Flag requests must be received at least two weeks prior to the flying date. After the request is received, allow five to seven weeks for processing and delivery. If you have any further questions, please contact Lauren DeWolfe at (202) 225-1492.

Please send check or money order to: Representative Thomas M. Davis III

2348 Rayburn House Office Building

Washington, DC 20515-4611 Attn: Flag Coordinator

^{*}Please Note – If you want the flag flown over the Capitol, you must include the entire Flying/Certification fee.